

## SUPPLIER'S FACILITY QUESTIONNAIRE

A DIVISION OF

MCDONNELL DOUGLAS

CORPORATION

## GENERAL INFORMATION

INSTRUCTIONS: All questions must be answered. If questions are not applicable they should be identified "NA".  
If the answer is none, state "NONE". Enter an "X" in appropriate blocks on Yes/No questions.

## COMPANY

NAME: Monroe Institute of Applied Sciences

MAILING STREET	CITY	STATE	ZIP CODE	TELEPHONE
<u>PO Box 130</u>	<u>Nellysford</u>	<u>Va</u>	<u>22958</u>	<u>804 361 1252</u>
PLANT STREET	CITY	STATE	ZIP CODE	TELEPHONE
<u>Rt 1 Box 175</u>	<u>Faber</u>	<u>Va</u>	<u>22938</u>	<u>804 361 1252</u>

TYPE OF OWNERSHIP: ☐ Proprietorship ☐ Corporation ☒ Subsidiary  
☐ Partnership ☐ Division ☐ Affiliate

\*Give details by attachments if you control and/or are controlled by other companies, and degree of independence.

PERSONNEL: TITLE NAME

PRESIDENT OR OWNER(S) Robert A Monroe

GENERAL MANAGER Director of Administration R. F. Korbesmeyer

QUALITY CONTROL MGR. None

PERSON TO CONTACT R. F. Korbesmeyer, Director of Administration

SALES REP Nearest McDonnell Douglas Electronics Company (MDEC)

Name Address Phone Mr B Witt

TYPE OF BUSINESS: ☐ Manufacturer ☐ Engineering ☐ Services  
☐ Distributor/Mfg. Rep. ☐ Processor ☒ Other

YEARS IN BUSINESS 12 SQUARE FEET MFG TOTAL

NUMBER OF PLANTS 2

CLASSIFICATION: ☒ Small This answer must take all employees into consideration, including those of subsidiaries and parent company (small business is less than 500 employees).  
☐ Large  
☐ Woman Owned Business

IF APPLICABLE, INDICATE MINORITY GROUP OWNING OR CONTROLLING COMPANY

( ) BLACK ( ) SPANISH SPEAKING AMERICAN  
 ( ) PUERTO RICAN ( ) AMERICAN-ORIENTAL  
 ( ) AMERICAN INDIAN ( ) AMERICAN ESKIMO/ALEUT

NUMBER OF EMPLOYEES: Total 12 Engineering 4  
 Production \_\_\_\_\_ Other 8

UNION: ☒ None Present Contract  
 AFFILIATION: ☐ Yes, With \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a Small Business Program? ☐ Yes ☒ No List by attachment any Trade Names or Trade Marks HEMI-SYNC, Gateway, Discovery

Do you have procedures for controlling, identifying, protecting MDEC/Govt. furnished property? ☒ Yes ☐ No

## EXPERIENCE

Is your management familiar with the Armed Services Procurement Regulations (ASPR)? ☐ Yes ☒ No

Have your performed work under U.S. Government prime contract? ☐ Yes ☒ No Subcontract? ☐ Yes ☒ No

If yes, attach a list of customers, descriptions, dates, and contract amounts.

List the products which you have advanced beyond the general technology of your industry.

HEMI-SYNC, a patented process



## QUALITY CONTROL

Do you understand Quality Control as required for aerospace or Govt. work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have written Q. C. Procedures for all phases of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you maintain a system for tool and gage calibration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is your tool and gage calibration system traceable to the Nat'l. Bureau of Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a Written Q. C. Manual or Procedures Manual available and maintained for use by all Inspection Personnel? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is your Q. C. Dept based on: <input type="checkbox"/> MIL-Q-9858A <input type="checkbox"/> MIL-C-45662A <input type="checkbox"/> MIL-I-45208A <input type="checkbox"/> NAS200 <input type="checkbox"/> <u>None</u>
Government (Source) Inspection by: <input checked="" type="checkbox"/> None <input type="checkbox"/> Resident <input type="checkbox"/> Itinerant <input type="checkbox"/> Specify Agency _____	

## FINANCIAL RESPONSIBILITY

Company Net Worth \$ <u>Private Data</u> Date _____	Present Backlog \$ <u>Not Applicable</u> Government _____ % Commercial _____ %
Have your purchasing procedures been approved by an Armed Service Agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What is your present approx. \$ <u>NA</u> Engr. \$ <u>NA</u> Machine Hourly Rate: \$ <u>NA</u> Tooling \$ <u>NA</u> Assembly
Have your Labor Rates been approved by an Armed Service Agency? Direct Labor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Overhead Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gen. & Admin. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sales last three years: Amount \$ <u>Private Data</u> Year _____	Amount \$ <u>Private Data</u> Year _____

## CHECK LIST OF ITEMS NECESSARY TO FULLY EVALUATE YOUR COMPANY

ITEM	ATTACHED	AVAILABLE IN 30 DAYS	LATER DATE AVAILABLE
Manufacturing Equipment list showing type, age condition and work size accommodated _____	<u>Not Applicable</u>		
Annual Report or Financial Statement _____	<u>Private Data</u>		
List of customers, descriptions, dates, and contract amounts _____	"		
Any lists, brochures, catalogs, charts, pictures to illustrate your capabilities in aerospace field _____	<u>None</u>		
Description of relationship between parent company and/or subsidiary, such as, wholly owned, and degree of independence. _____			
Current company organizational chart _____			

LIST HERE OR BY ATTACHMENTS THE PRODUCTS OR SERVICES YOU WANT TO SUPPLY MDEC INCLUDING STANDARD INDUSTRIAL CLASSIFICATION NUMBERS IF KNOWN

*The utilization of the Hemi-Sync process in a number of applications*

The information contained in this questionnaire is complete and accurate in all details to the best of my knowledge and belief.

SIGNATURE OF AUTHORIZED OFFICIAL \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_